

ACH VENDOR/MISCELLANEOUS PAYMENT ENROLLMENT FORM

OMB No. 1510-0056

This form is used for Automated Clearing House (ACH) payments with an addendum record that contains payment-related information processed through the Vendor Express Program. Recipients of these payments should bring this information to the attention of their financial institution when presenting this for completion.

PRIVACY ACT STATEMENT

The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). All information collected on this form is required under the provisions of 31 U.S.C. 3322 and 31 CFR 210. This information will be used by the Treasury Department to transmit payment data, by electronic means to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.

AGENCY INFORMATION

OJP Grant Number/s:

 AGENCY IDENTIFIER:
OJP

 AGENCY LOCATION CODE (ALC):
15-04-0001

 ADDRESS:
810 Seventh Street, NW Attn: Office of the Comptroller Control Desk

Washington D.C. 20531

 CONTACT PERSON NAME:
Office of the Comptroller Customer Service Center

 TELEPHONE NUMBER
(800) 458-0786

ADDITIONAL INFORMATION:

PAYEE/COMPANY INFORMATION

OJP Vendor Number:

NAME:

ADDRESS:

Grantee E-mail (Payment Notification) address:

CONTACT PERSON NAME:

 TELEPHONE NUMBER:
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FINANCIAL INSTITUTION INFORMATION

NAME:

ADDRESS:

ACH COORDINATOR NAME:

 TELEPHONE NUMBER:
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NINE-DIGIT ROUTING TRANSIT NUMBER:

DEPOSITOR ACCOUNT TITLE:

DEPOSITOR ACCOUNT NUMBER

LOCKBOX NUMBER:

TYPE OF ACCOUNT:

CHECKING

SAVINGS

LOCKBOX

 SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL:
(Could be the same as ACH Coordinator)

 TELEPHONE NUMBER:
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